

United States District Court

for the
Southern District of Indiana

K.C., *et al.*

Plaintiffs,

vs.

THE INDIVIDUAL MEMBERS OF THE
INDIANA MEDICAL LICENSING BOARD,
et al.

Defendants.

Cause No: 1:23-cv-595 JPH-KMB

SUMMONS IN A CIVIL ACTION

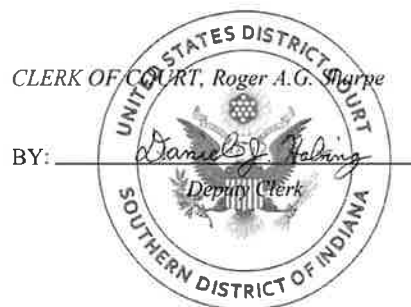
TO: The Attorney General of the State of Indiana
IGCS-5th Floor
302 W. Washington St.
Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactore
ACLU of Indiana
1031 E. Washington St.
Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/06/2023



Civil Summons (Page 2)

Civil Action Number: 1:23-cv-595**PROOF OF SERVICE***(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for (name of individual and title, if any) THE ATTORNEY GENERAL OF THE STATE OF INDIANA
 was received by me on (date) 4/6/23.

☐ I personally served the summons on the individual at (place) _____

_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____

_____, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is

designated by law to accept service of process on behalf of (name of organization) _____

_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): CMRPR

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

Date: 4/6/23

Ann D'Angelo
 ANN D'ANGELO
 LITIGATION SUPPORT MGR

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><u>Tasha Braver</u></p>	
<p>1. Article Addressed to:</p> <p>Attorney General IGCS-5th Floor 302 W. Washington St. Indianapolis, IN 46204</p>		<p>B. Received by (Printed Name) <u>Tasha Braver</u></p> <p>C. Date of Delivery <u>4/11/23</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0000 6253 4820</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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